

Transition/Exit Information

Child Name: _____

Transition Information: ☐ Family refuses participation in Transition Process

1. Child's LEA: _____

2. Is Child Potentially Eligible for Part B? ☐ Yes

3. Transition Conference shall be Held Between:

Transition Delay Reason: ☐ Parent Delay ☐ First Steps Provider/System Delay
☐ LEA Delay ☐ Late Referral ☐ Other (Please specify in note)

4. Date Parent Consent to Convene Transition Conference: ____/____/____ (mm/dd/yyyy)

5. Date of LEA Invited to Participate in Transition Conference: ____/____/____ (mm/dd/yyyy)

6. Transition Conference Date: (mm/dd/yyyy)

7. Transition Participants: ☐ Parent ☐ Service Coordinator ☐ Child Care Provider
☐ Head Start/Early Head Start ☐ LEA ☐ Other

8. Initiation Date of Referral Form Sent to LEA: ____/____/____ (mm/dd/yyyy)

9. Transition Meeting Note: _____

10. Part B Eligibility Date: ____/____/____ (mm/dd/yyyy)

11. Is IEP in Place by 3rd Birthday? ☐ Yes

Exit/Close Information: (Make sure you have completed all the information before exiting/closing the chart Reason and save the page, you will not be able to make changes to the child's information except Service Log, and Account Payable data)

1. Exit/Close Date: ____/____/____ (mm/dd/yyyy) (Warning: after you enter the DATE and save the record, the child will become inactive and you will not be able to modify any of the child's information)



2. Exit/Close Reason: _____ (See Chart)

NOTE: _____

Note: If additional space is needed please attach a separate sheet for reference.

Exit/Close Reason
Part B Eligible
Not Eligible for Part B-Exit to Other Program
Not Eligible Part B-Exit with No Referral
Part B Eligibility Not Determined-Late Referral
Part B Eligibility Not Determined-Other
IFSP Goals Met
Moved to Other State
Deceased
Parent Withdraw
Attempts to Contact Unsuccessful
Ineligible Part C
Unknown

